Case 22-12723-JDW Doc 2 Filed 10/21/22 Entered 10/21/22 10:22:44 Desc Main Page 1 of 5 Document Fill in this information to identify your case: Debtor 1 **Angela Ford** Full Name (First, Middle, Last) Debtor 2 (Spouse, if filing) Full Name (First, Middle, Last) NORTHERN DISTRICT OF United States Bankruptcy Court for the MISSISSIPPI Check if this is an amended plan, and list below the sections of the plan that have been changed. Case number: (If known) **Chapter 13 Plan and Motions for Valuation and Lien Avoidance** 12/17 Part 1: Notices To Debtors: This form sets out options that may be appropriate in some cases, but the presence of an option on the form does not indicate that the option is appropriate in your circumstances or that it is permissible in your judicial district. Plans that do not comply with local rules and judicial rulings may not be confirmable. The treatment of ALL secured and priority debts must be provided for in this plan. In the following notice to creditors, you must check each box that applies **To Creditors:** Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated. You should read this plan carefully and discuss it with your attorney if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one. If you oppose the plan's treatment of your claim or any provision of this plan, you or your attorney must file an objection to confirmation on or before the objection deadline announced in Part 9 of the Notice of Chapter 13 Bankruptcy Case (Official Form 3091). The Bankruptcy Court may confirm this plan without further notice if no objection to confirmation is filed. See Bankruptcy Rule 3015. The plan does not allow claims. Creditors must file a proof of claim to be paid under any plan that may be confirmed. The following matters may be of particular importance. Debtors must check one box on each line to state whether or not the plan includes each of the following items. If an item is checked as "Not Included" or if both boxes are checked, the provision will be ineffective if set out later in the plan. 1.1 A limit on the amount of a secured claim, set out in Section 3.2, which may result in ✓ Not Included Included a partial payment or no payment at all to the secured creditor 1.2 Avoidance of a judicial lien or nonpossessory, nonpurchase-money security interest, Included ✓ Not Included set out in Section 3.4. 1.3 Nonstandard provisions, set out in Part 8. **✓** Included Not Included Part 2: Plan Payments and Length of Plan 2.1 Length of Plan. The plan period shall be for a period of 60 months, not to be less than 36 months or less than 60 months for above median income debtor(s). If specified in this plan.

fewer than 60 months of payments are specified, additional monthly payments will be made to the extent necessary to make the payments to creditors

2.2 Debtor(s) will make payments to the trustee as follows:

Debtor shall pay _	\$194.50	(monthly, semi-monthly, weekly, or bi-weekly) to the chapter 13 trustee. Unless otherwise ordered 13 trustee.	by
the court, an Order	directing pay	ment shall be issued to the debtor's employer at the following address:	

JAVA medical Group, LLC
303 Medical Center Dr
Batesville MS 38606-0000

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Debtor		Angela Ford		Case number			
			y, semi-monthly, weekly, or be issued to the joint debtor's empl		13 trustee. Unless otherv	vise ordered by the	
2.3	Incom	ne tax returns/refunds.					
	Check ✓	all that apply Debtor(s) will retain a	any exempt income tax refunds rec	reived during the plan term.			
			the trustee with a copy of each indver to the trustee all non-exempt in			ys of filing the	
		Debtor(s) will treat in	ncome refunds as follows:				
	itional j ck one.	payments.					
	✓	None. If "None" is co	hecked, the rest of § 2.4 need not b	e completed or reproduced.			
Part 3:	Trea	tment of Secured Claim	ns				
3.1 Inser	Check Non	all that apply.	es to be crammed down under 11 the rest of § 3.1 need not be complete.		ntified in § 3.2 herein.).		
3.2	Motio	n for valuation of secur	rity, payment of fully secured cla	ims, and modification of uno	dersecured claims. Chec	ck one	
	✓	None. If "None" is co	hecked, the rest of § 3.2 need not b	e completed or reproduced.			
3.3	Secur	ed claims excluded from	m 11 U.S.C. § 506.				
	Check □ ✔		hecked, the rest of § 3.3 need not bow were either:	e completed or reproduced.			
			10 days before the petition date and erronal use of the debtor(s), or	l secured by a purchase mone	y security interest in a m	otor vehicle	
		(2) incurred within 1 year of the petition date and secured by a purchase money security interest in any other thing of value.					
		claim amount stated of	paid in full under the plan with int on a proof of claim filed before the d below. In the absence of a contra	filing deadline under Bankru	ptcy Rule 3002(c) contro	ls over any	
Woetla		me of Creditor ancial Services	Collat 2014 Chevrolet Impala 86		Amount of claim \$16,700.00	Interest rate* 7.00%	
			the interest rate shall be the current		ψ10,100.00	1.00/0	
Insert ad	lditiona	l claims as needed.					
3.4	Motio	n to avoid lien pursuan	t to 11 U.S.C. § 522.				
Check or	ne. ✔	None. If "None" is ca	hecked, the rest of § 3.4 need not b	e completed or reproduced.			
3.5	Surre	nder of collateral.					

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Debtor	Angela Ford	Case number	
	Check one. ✓ None. If "None" is checked, th	ne rest of § 3.5 need not be completed or reproduced.	
Part 4:	Treatment of Fees and Priority Claim	ıs	
4.1	General Trustee's fees and all allowed priority claims, including domestic support obligations other than those treated in § 4.5, will be paid in full without postpetition interest.		
4.2	Trustee's fees Trustee's fees are governed by statute an	ad may change during the course of the case.	
4.3	Attorney's fees.		
	✓ No look fee:		
	Total attorney fee charged:	\$3,600.00	
	Attorney fee previously paid:	\$337.00	
	Attorney fee to be paid in plan per confirmation order:	\$3,263.00	
	Hourly fee: \$ (Subject to appro	oval of Fee Application.)	
4.4	Priority claims other than attorney's f	ees and those treated in § 4.5.	
	Check one. None. If "None" is checked, the Internal Revenue Service Mississippi Dept. of Revenue Other	se rest of § 4.4 need not be completed or reproduced. \$0.00 \$0.00 \$0.00	
4.5	Domestic support obligations.		
	None. If "None" is checked, th	te rest of § 4.5 need not be completed or reproduced.	
	-		
Part 5: 5.1	Treatment of Nonpriority Unsecured Nonpriority unsecured claims not sepa		
y	providing the largest payment will be eff The sum of \$ 0.00 % of the total amount of these cla		
5.2	Regardless of the options checked abo	dated under chapter 7, nonpriority unsecured claims would be paid approximately \$0.00 ve, payments on allowed nonpriority unsecured claims will be made in at least this amount. y unsecured claims (special claimants). Check one.	
		e rest of § 5.3 need not be completed or reproduced.	
	_		
Part 6:	Executory Contracts and Unexpired	Leases	

The executory contracts and unexpired leases listed below are assumed and will be treated as specified. All other executory

contracts and unexpired leases are rejected. Check one.

6.1

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Debtor	Angela Ford		Case number	
_		ent payments will be disbursed urt order or rule. Arrearage payr	either by the trustee or directly by nents will be disbursed by the trus	
Name of credi	tor Description of leased property or executory contract	Current installment payment	Amount of arrearage to be paid	Treatment of arrearage
Aaron's	Lease to own account for Refrigerator. Total owed is approximately \$3,000.00	\$160.49	\$0.00	n/a
	43,000.00	Disbursed by:		
		☐ Trustee ✓ Debtor(s)		
Aaron's	Lease to own for a	\$60.98	\$0.00	n/a
Adion 5	flatscreen TV	Disbursed by:	\$0.00	n/a
		Trustee		
	Lease to own contract	✓ Debtor(s)		
Aaron's	for Bedroom Furniture	\$128.39	\$0.00	n/a
		Disbursed by: Trustee		
	Lease to own contract	✓ Debtor(s)		
Aaron's	for Mattress	\$80.24	\$0.00	n/a
		Disbursed by: ☐ Trustee ☑ Debtor(s)		
Insert additional	contracts or leases as needed.			
Part 7: Vestin	ng of Property of the Estate			
		4 ()		
7.1 Proper	ty of the estate will vest in the del	otor(s) upon entry of discharge	.	
Part 8: Nonst	andard Plan Provisions			
8.1 Check	"None" or List Nonstandard Plan None. If "None" is checked, the		eted or reproduced.	
			set forth below. A nonstandard pr standard provisions set out elsewh	
	The following plan provisions w	ill be effective only if there is a	check in the box "Included" in §	1.3
	Absent an objection, andy P paid in full at any applicable		al Revenue Service and/or MDOR	(priority/secured) shall be
Part 9: Signat	tures:			
9.1 Signate The Debtor(s) and complete address	ures of Debtor(s) and Debtor(s)' A d attorney for the Debtor(s), if any, s and telephone number.	must sign below. If the Debtor(s	e) do not have an attorney, the Deb	otor(s) must provide their
X /s/ Angela Angela For Signature o	ord	XSignatu	re of Debtor 2	_

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Debtor Angela Ford	Case number
960 Trantham Rd	
Address Batesville MS 38606-0000	Address
City, State, and Zip Code	City, State, and Zip Code
Telephone Number	Telephone Number
X /s/ Robert H. Lomenick	Date
Robert H. Lomenick 104186 Signature of Attorney for Debtor(s)	
126 North Spring Street Post Office Box 417 Holly Springs, MS 38635	
Address, City, State, and Zip Code 662-252-3224	104186 MS
Telephone Number rlomenick@gmail.com	MS Bar Number
Email Address	